

## **Site Accreditation Report – Main Gate Counseling Services**

**Completed: March 13, 2018**

**Levels of Care Reviewed:**

**Substance Use Disorder (SUD) Services**

**Early Intervention (.5)**

**Outpatient Services (1.0)**

**Intensive Outpatient Service (2.1)**

**Review Process:** Main Gate Counseling Services was reviewed by Division of Behavioral Health staff for adherence to the Administrative Rules of South Dakota (ARSD) and Contract Attachments. The following information was derived from the on-site accreditation survey of your agency. This report includes strengths, recommendations, and citations for Plans of Corrections and results from reviewing policies and procedures, personnel and case file records, and conducting interviews with clients, administration, and agency staff.

**Administrative Review Score: 86.5%**

**Combined Client Chart Review Score: 97.6%**

**Cumulative Score: 96.5%**

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### **ADMINISTRATIVE REVIEW SUMMARY**

**Strengths:**

The agency provides a variety of outpatient substance use disorder treatment services. The policy and procedures manual was well organized and easy to follow. Staff and clients interviewed provided positive feedback in regards to the administration having an “open-door” policy and promoting a supportive learning environment. Main Gate has good relationships with many community partnerships including team meetings with other agencies.

**Recommendations:**

1. The agency must submit accurate statistical data on each client receiving services to the division in a manner agree upon by the division and the agency per ARSD 67:61:04:02. The agency has not been submitting outcome tools into STARS and should do this to ensure compliance with the 60% expected return rate.

**Plan of Correction:**

1. The agency shall update their policies and procedures manual to establish compliance with Administrative Rules and procedures for reviewing and updating the manual according to

ARSD 67:61:04:01. The agency's policy and procedure manual still referenced the old ARSD 46:05 and need to be updated to reference ARSD 67:61.

2. The agency needs to develop a policy per ARSD 67:61:02:20 to ensure the agency contacts the Division Director prior to any changes in agency director, a reduction in services provided by the agency or an impending closure of the agency to determine if the changes will affect the agencies accreditation status.
3. Each agency shall develop root cause analysis policies and procedures to utilize in response to sentinel events according to ARSD 67:61:02:21. Each agency shall report to the division within 24 hours of any sentinel event including: death not primarily related to the natural course of the client's illness or underlying condition, permanent harm or severe temporary harm and intervention required to sustain life. The agency did not have a sentinel event policy and one will need to be developed.
4. The agency needs to develop a policy related to priority services. The contract attachment requires agencies to publicize priority services for pregnant women, women with dependent children and IV users. The prioritized service needs to be documented. Please reference contract attachment 1.
5. The agency has a policy on guaranteed client rights per ARSD 67:61:06:02. The client rights form posted in the group rooms includes four of the six guaranteed client rights and should be updated to clearly identify all client rights. The following items from this Rule are missing from the forms:
  - iii. To have access to an advocate as defined in subdivision 67:61:01:01(4) or an employee of the state's designated protection and advocacy system;
  - iv. The right to participate in decision making related to treatment, to the greatest extent possible.

## **CLIENT CHART REVIEW SUMMARY**

### **Strengths:**

The integrated assessments were organized, concise, and easy to read. The clients interviewed shared positive feedback in regards to the services they receive at Main Gate and counselor's availability outside of group times. In each progress note and continued service review, the counselor expressed stage of change the client was currently in.

### **Recommendations:**

1. The agency shall ensure the correct Annual Financial Eligibility and Mean Testing form is completed. The agency was using forms dated from 2016 in some of the charts; however did have correct forms in other charts reviewed. Please ensure the old forms are no longer used in client charts, the 2018 financial form is currently on the DSS website for agency use.
2. The agency did cover all of the required elements in the integrated assessments per ARSD 67:61:07:05; however, the assessments would benefit from expanding on the clients trauma and clients hallucinations/delusions. Another recommendation for integrated assessments is to clearly define the withdrawal symptoms from the using symptoms which in the charts were lumped together.

3. The agency did have short and long term goals; it is a recommendation to clearly define the short and long-term goals as well as the measurable objectives for each goal. The short term goals should clearly define anticipated time frames for anticipated dates of achievement or completion of each objective in accordance with ARSD 67:61:07:06. In review of the charts it appears the following were missing:
  - a. Measurable objective or methods leading to the completion of short term goals including time frames for the anticipated dates of achievement or completion of each objective or reviewing progress toward objectives, specification and description of the indicators to be used to assess progress, referrals for needed services that are not provided directly by the agency, and include interventions that match the client's readiness to change are identified.

**Plan of Correction:**

1. According to ARSD 67:61:07:10, when a client prematurely discontinues services, reasonable attempts shall be made and documented to re-engage the client into services. As was discussed during the on-site review with the agency staff, clinical practices are to reach out to the clients in an attempt to re-engage but it was not documented in the client charts. Develop a policy and procedure of how staff will document when they attempt to re-engage clients to services. All of the client charts who left services prematurely had no documentation of attempts to re-engage the clients into services.